



State of Washington

Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid _____

Date _____

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Lloyd L. and Beverly A. Kadow Home Tel: (360) 254-8191
 Mailing Address 10221 N.E. 15th Cir. Cell Work Tel: (360) 798-8406
 City VANCOUVER State WA Zip+4 98664 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name _____ Home Tel: () -
 Mailing Address _____ Work Tel: () -
 City _____ State _____ Zip+4 _____ + FAX: () -
 Relationship to applicant _____

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 100 (☒ gallons per minute or ☐ cubic feet per second) from a ☒ surface water source or ☐ ground water source (check only one) for the purpose(s) of MARINA FIRE SYSTEM. ATTACH A "LEGAL" DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: ?

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From ____/____/____ to ____/____/____

WE WILL NEED THE POTENTIAL TO USE RIVER WATER FOR AS LONG AS OUR MARINA EXISTS, WE HOPE WE NEVER HAVE TO USE OUR FIRE SYSTEM. EMERGENCY USE

Section 4. WATER SOURCE

| | | | | | | | |
|---|--------|-----------|----------------|--|--------------|---|-----------|
| If SURFACE WATER | | | | If GROUNDWATER | | | |
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: <u>FISHERMANS Slough of the Columbia River</u> | | | | A permit is desired for _____ well(s). | | | |
| Number of diversions: <u>1</u> | | | | | | | |
| Source flows into (name of body of water): <u>Columbia River</u> | | | | Size & depth of well(s): | | | |
| LOCATION <u>10612 N.W. LOWER RIVER Rd VANCOUVER, WA. 98660</u> | | | | | | | |
| Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>NOT SURE</u> | | | | | | | |
| 1/4 of | 1/4 of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: | |
| | | <u>36</u> | <u>3 North</u> | <u>1 WEST OF 1st</u> | <u>CLARK</u> | Lot | Block |
| | | | | | | <u>NA</u> | <u>NA</u> |
| | | | | | | <u>NA</u> | <u>NA</u> |

| | | |
|---------------------------------|----------------------|--|
| For Ecology Use | Date Received: _____ | Priority Date: _____ |
| SEPA: Exempt/Not Exempt | FERC License # _____ | Dept. Of Health # _____ |
| Date Accepted As Complete _____ | By _____ | Date Returned _____ By _____ WRIA: _____ |

ECY 040-1-14
Rev. 7/97 ** f

APPLICATION

Appl. No.: 52-30173

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

| | |
|---|---|
| We are returning your application for the following reason(s): | |
| _____ Examination fee was not enclosed | APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 |
| _____ Section number(s) _____ is/are incomplete | APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE |
| Explanation: | |
| Please provide the additional information requested above and return your application by _____ _____ (date). | |

Ecology staff _____ Date _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

*IN VANCOUVER GO EAST ON FOURTH PLAIN WHICH
WILL TURN INTO LOWER RIVER RD. WE ARE JUST
PAST MILE MARKER #8 PUMP AND SYSTEM WILL BE
ON THE DOCKS OF KADOW'S MARINA 10612 N.W. LOWER RIVER RD.*

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

*MARINA MAP ATTACHED
FIRE SYSTEM PLAN AND MAP WILL FOLLOW*

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used?

[?]
☐ YES ☒ NO

If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

*WE OWN THE DOCKS AND FLOATS THAT THE FIRE SYSTEM
WILL BE ON. WE LEASE THE TIDE LANDS FROM THE
STATE OF WA. DEPT. OF NATURAL RESOURCES.*

B. Does the applicant own the land on which the water source is located?

☐ YES ☒ NO

If no, submit a copy of agreement:

COPY OF LEASE AGREEMENT TO FOLLOW.

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Lloyd L. Kadow
Applicant (or authorized representative)

1/21/04
Date

Landowner for place of use (if same as applicant, write "same")

Date

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: KADOW'S MARINA FIRE SYSTEM
- B. Briefly describe your proposed water system. (See instructions.)
*TO PUMP WATER OUT OF THE RIVER TO BE USED
 ONLY IN CASE OF A FIRE OR TO CHARGE OR TEST
 THE MARINA FIRE SYSTEM.*
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
 PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
 (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: _____ Type of connection _____ (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☐ NO
 If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
 (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: _____
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: _____
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977, as amended by Chapter 237, Laws of 2001)
 Add up the acreage in which you have a controlling interest, including only:
 ‡ Acreage irrigated under water rights acquired after December 8, 1977;
 ‡ Acreage proposed to be irrigated under this application;
 ‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 6000 acres? ☐ YES ☐ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO
 If yes, enter permit no: _____